Early Childhood Development Report

2006/2007

Northwest Territories

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OUR CHILDHOOD

OUR VISION

The Northwest Territories (NWT) will be a place where children are born healthy and raised in safe and respectful families and communities, which support them in developing to their fullest potential (Government of the Northwest Territories, 2001).

OUR CHILDREN AND THEIR HOME

Children and families in the NWT live in communities with varying populations. Jean Marie River is the smallest community, with a population of 71 in 2006, while the City of Yellowknife is the largest, with a population of 18,965. In 2006, the total population in the Northwest Territories is 41,861, composed of 21,408 Aboriginal and 20,453 non-Aboriginal residents. Of the total NWT population, 4,562 were children between birth and six years of age, representing 10.9% of the total population*.

There are three communities that are considered regional centres: Hay River (population 3,680 in 2006), Inuvik (population 3,354 in 2006) and Fort Smith (population 2,396 in 2006). The expansiveness of the NWT requires air travel to be the main form of transportation between communities, regions and to the capital city.

* The Community Population Estimates available on the Bureau's web site, currently available up to 2006, have not yet been update to reflect Statistics Canada's release of revised NWT population estimates for the period 2004 to 2006. Revised estimates for this period, and estimates for 2007, will be released in March 2008.

THE AGREEMENTS

FEDERAL INVESTMENTS AND EARLY CHILDHOOD AGREEMENTS

The Government of the NWT (GNWT) has entered two early childhood agreements, along with the other provinces (with the exception of Quebec), the territories and the federal government.

The Early Childhood Development Agreement was signed in 2000, committing provinces and territories to continued development of early childhood programs and services fostering healthy development of young children and their families.

Provinces and territories agreed on four areas of action for investments:

- promoting healthy pregnancy, birth and infancy;
- improving parenting and family supports;
- strengthening early childhood development, learning and care; and
- strengthening community supports.

In 2003, the Ministers of Social Services signed the Early Learning and Child Care (ELCC) Multilateral Framework. The Framework supports the importance of regulated early learning and child care programs. The funding provided by the federal government provides the provinces and territories the opportunity to improve access to affordable, quality, regulated early learning and child care programs. These programs and services should reflect the inclusion of all children and offer parental choices to meet individual family needs.

Through both agreements, governments committed to providing an annual report on the investments made through the agreements. As each province and territory is able, information is also reported on indicators of healthy child development.

Following the signed agreements, in 2004/2005 and 2006/2007 the federal government provided one time Early Learning and Child Care Trust Funds to provinces and territories. These Funds were to be invested in regulated early childhood programs, either directly or indirectly, through activities such as enhanced training opportunities.

The GNWT invested the federal financial contributions in a variety of ways, all of which ultimately enhance and support existing territorial programs and financial investments.

Some of the programs and/or services that have been enhanced include:

- developing the Healthy Families Program, providing support to families facing greater parenting challenges;
- training community people on the importance of early and family literacy, and to deliver family literacy programming;
- supporting Aurora College in the distance delivery of the Early Childhood Development Certificate, ensuring that it is rooted in the Aboriginal languages and cultures of the NWT; and
- providing grants to licensed early childhood programs for the purchase of new or upgrade of current equipment and materials.

NORTHWEST TERRITORIES "PERSPECTIVE"

NWT EARLY CHILDHOOD DEVELOPMENT FRAMEWORK FOR ACTION

Recognizing the uniqueness of the NWT, including language, culture, and remoteness, the Government of the NWT developed the *NWT Early Childhood Development Framework for Action* in 2001. The Framework outlines key principle for investments and program development to support the child, the family and the community. These are as follows:

CHILD

- Each child is considered to be a gift to the family and the community.
- Children are our future.
- Programs provide a secure, nurturing environment and promote the balanced development of children.

FAMILY

- Each child is surrounded by and grows up in a family.
- Families, whether they be a single parent, two parents or an extended multigenerational family, are the primary providers of care, nurture and stimulation for development and learning.
- Parents want the best for their children.

COMMUNITY

- Healthy communities provide a safe and healthy environment in which children and families grow.
- The community and its culture shape the design and delivery of all programs.
- High quality early childhood development programs support and complement the parent's role.
- Community programs are family-oriented and promote the healthy development of children.
- Community programs are inclusive of all children and their needs through partnerships among programs.

It is recognized that a variety of partnerships are vital to the development and the effective delivery of quality early childhood experiences. In the NWT, the cooperative efforts of family, community, Aboriginal groups, organizations and government are keys to success. For 2006/2007, key partners included:

- NWT Literacy Council;
- Regional Health and Social Services Authorities;
- Aurora College; and
- community-based regulated early learning and child care programs.

SUPPORTING OUR CHILDREN AND THEIR FAMILIES

TARGETED PROGRAMS FOR PRENATAL TO BIRTH

CANADA'S PRENATAL NUTRITION PROGRAM

Over 10 years ago, the Government of Canada launched the Canada Prenatal Nutrition Program (CPNP). Through joint agreements, the provinces, territories, First Nations and Inuit communities manage and deliver front-line programming to expectant mothers and their families.

The focus of these programs is on high-need, hard to reach prenatal and breastfeeding women. The ultimate goal of CPNP is to improve maternal and infant nutritional health through increased services and targeted programs for women. Programs are implemented as early as possible during pregnancy and for an extended time following birth.

Community-based service providers are able to access funding to provide a number of resources to the expectant and post-partum mother, including:

- healthy foods and vitamin supplements;
- Fetal Alcohol Spectrum Disorder information services;
- prenatal nutrition information and counselling provided by a qualified dietician;
- breastfeeding support; and
- dental care support for infants.

Canada Prenatal Nutrition Programs often provide programs and services in a variety of ways, these include:

- nutrition education through games and quizzes;
- breastfeeding support;
- cooking groups; and
- educational sessions on topics such as nutritional meal preparation, Fetal Alcohol Spectrum Disorder, child development, budgeting and parenting skills.

In 2006/2007, 94% of all NWT communities had a CPNP project. This totalled 29 community CPNP projects.

BREASTFEEDING

According to the Public Health Agency of Canada "breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants, and has a unique biological and emotional influence on the health of both mother and child" (Public Health Agency of Canada, 2002). UNICEF, the World Health Organization (WHO) and Health Canada each recommend breastfeeding exclusively for the first six months of life, and to continue breastfeeding for up to two years or more (WHO, 2003).

Breastfeeding is routinely promoted at the territorial, regional and community levels through resource development, promotional campaigns and pre/post-natal classes. The NWT offers these programs to all mothers, not only to promote the benefits of breastfeeding for mothers and babies, but also for the benefit of the whole family. Support is available through regional CPNP projects and local support groups. In Yellowknife, the Moms, Boobs and Babies support group is a group of moms helping other moms by providing breastfeeding and infant support. However, the group offers a helpline, which is available across the territories, to answer any question new moms may have regarding breastfeeding.

The Breastfeeding Committee for Canada has developed The Baby-friendly Initiative in Community Health Services: A Canadian Implementation Guide. The guide facilitates the implementation of a Seven Point Plan, which includes:

- developing a breastfeeding policy which is circulated between staff and volunteers;
- providing training to staff to ensure proper implementation of breastfeeding policies;
- sharing information with all pregnant women about the benefits of breastfeeding;
- supporting new mothers with establishing and maintaining exclusive breastfeeding for the first six months of life;
- encouraging breastfeeding after six months with the incorporation of complementary foods;
- ensuring a safe and welcoming breastfeeding environment; and
- supporting the development of breastfeeding support groups.

The NWT is part of the Canadian Breastfeeding Committee to maintain ongoing communication to protect, promote and support breastfeeding, and aims to implement the Seven Point Plan in the coming years.

In 2005, 93.6% of women in the NWT breastfed or tried to breastfeed, while the national average was 86.8%. However, for women who continued to breastfeed for more than four weeks, this number decreased to 45.4% for the NWT and 57.2% for Canada (NWT Bureau of Statistics, 2006).

INFANT HEARING PROGRAM

The Canadian Working Group on Childhood Hearing (CWGCH) was established in September 2000 to develop guidelines for early hearing detection and intervention to address the needs of children with hearing loss and their families in Canada. Both CWGCH and the Hearing Foundation of Canada state that six in 1,000 babies are born with some degree of hearing loss. The average age of detection of hearing loss in North America is three years of age, the most critical period of language development.

Identifying and treating children with hearing difficulties early, within the first six months of life, can help develop higher language and communication skills than children who are identified later in life. Early intervention will not only benefit the child within the home, but also in the classroom, sports teams and peer groups.

The Infant Hearing Program (IHP) is a joint initiative between Stanton Territorial Health Authority and the Department of Health and Social Services. The purpose of the IHP is to identify newborns at risk for hearing loss as hearing loss may affect health, language, learning and development.

Audiology testing by Community Health Nurses is available in most communities but, due to staff shortages, may only be provided when there are hearing concerns. More sophisticated, secondary screening services are available in the larger centres (Hay River, Yellowknife, Inuvik) and are accessed by smaller communities on a referral basis when a concern is identified. In 2006/2007, there were 664 babies born in Stanton Territorial Hospital, 35% of these newborns were screened in the hospital prior to discharge. Twenty per cent of those screened were determined to be at risk at birth and 100% of these babies did not develop a hearing loss. No infants required full audiological assessment. During 2006/2007, no babies were reported with hearing loss.

EARLY CHILDHOOD PROGRAMS AND SERVICE FOR CHILDREN BIRTH TO SCHOOL AGE

REGULATED EARLY CHILDHOOD PROGRAMS

The GNWT's Early Childhood Program regulates the provision of child care in accordance with the *NWT Child Day Care Act and Standards Regulations*. The Act and Regulations stipulate the requirements for a facility to ensure a safe, nurturing environment for children. While the GNWT ensures program compliance with the Act and Regulations, collaboration with the GNWT's Office of the Fire Marshal and Environmental Health Officers is vital to ensure compliance with fire and health codes.

Four regional GNWT Early Childhood Consultants support the development of quality early childhood programs. Consultants provide direct support to regulated programs through licensing, regular site visits, funding, sharing of best practices, program materials and ideas. Upon request, consultants are available to assist front-line staff, family day home operators and non-profit boards of directors.

The GNWT's Early Childhood Program administers financial assistance to regulated non-profit child care programs. An annual commitment of approximately $2.5 million from the GNWT provides support to eligible regulated programs. Funding is provided to assist with the operations of the facility, including daily expenses such as groceries and salaries and larger expenses such as rent or mortgage payments.

The provision of regulated early childhood programs may be done through a variety of settings in the NWT. Options include: child care facilities, preschool and afterschool programs, and family day homes. As of March 2007, there were 109 regulated childhood programs offering 1,703 licensed spaces throughout the NWT.

SUPPORTING OUR CHILDREN AND THEIR FAMILIES

The Child Care User Subsidy Program is administered as part of the GNWT's Income Security Program. This program is designed to assist low income families with child care expenses. In 2006/2007, the GNWT invested approximately $200,000.00 in the program to assist low income families to access child care programs by providing funding to reduce child care costs.

Recognizing the role trained staff have in ensuring quality programming is provided to children attending regulated early learning and child care programs, the Early Childhood Program provides funding and program development support to Aurora College. Using distant education methods, Aurora College delivers the Early Childhood Development certificate program to students throughout NWT communities. In 2006/2007, Aurora College awarded three graduates with Early Childhood Development certificates. Seventy students from 18 communities across the NWT successfully participated in the program. Twenty-six participants attended a two-day workshop offered in Inuvik, Hay River and Fort Good Hope.

UNIVERSAL DEVELOPMENTAL SCREENING

Developmental screening monitors healthy child development and ensures early risk identification during the time between pregnancy and school entry. It increases awareness of the value of healthy child development and the range of child and family support services that are available to support family well-being. Universal developmental screening was implemented in the NWT in June 2002 to ensure that all children had a developmental screen by the age of three years.

The Nipissing District Developmental Screen (NDDS) is a broad-based general screen designed to identify potential developmental delays in children from birth to six years of age. Nurses and Community Health Representatives (CHR) have been trained to administer the screen and to provide feedback to families. The screen examines 13 key developmental stages between one month and six years of age. Parents complete a yes or no questionnaire focusing on certain skill areas:

- vision;
- hearing;
- speech, language and communication;
- self-help skills;
- cognitive, social/emotional skills; and
- gross and fine motor skills.

If two or more responses are 'no', children may be referred to a health care and/or child care professional. Children who are identified with a potential developmental delay are referred to regional or territorial services for an assessment.

The NDDS includes parent education of child development into the assessment process in the form of a parent handout. One CHR remarked that the "NDDS is very helpful. It has helped us identify speech problems in children, and moms are starting to ask more questions about it."

Developmental screening is to occur at six months, 12 months, three years and as the pre-kindergarten screen. In the NWT, during 2006/2007, there were 2,716 developmental screens performed on children from birth to six years of age.

HEALTHY FAMILY PROGRAM

The Healthy Family Program is a strength-based home-visiting program for families with young children that is designed to help expectant and new parents get their children off to a healthy start. Drawing on existing research, knowledge and experience, Healthy Family America was launched in 1992 and was designed to: promote positive parenting, enhance child health, and development and prevent child abuse and neglect. The NWT Healthy Family Program was set-up using the Great Kids Inc. (GKI) program model and has continued using the GKI training curriculum for the past four years. GKI is an international training and consulting firm with a focus on improving outcomes for children by educating and supporting their parents' prenatally, and during the first five years of life. GKI was instrumental in the development of Healthy Families America, which is the accreditation body for home visiting programs. To date, Healthy Family Programs exist in over 430 communities in the U.S and Canada, and 90% of families who are invited to participate in Healthy Family Programs accept services.

In the NWT, there are four Healthy Family Programs funded by the Department of Health and Social Services and implemented by four regional authorities: Yellowknife, Hay River, Behchoko and Fort Smith. The programs are located in these communities, ranging in population from 1,900 to 18,600 people. Each program has a Coordinator and a complement of Home Visitors related to the community birth rate. All Healthy Family staff are trained in core program areas of home visitation, family assessment and child development. Additional training includes intercultural effectiveness, strength-based learning and domestic violence support.

The Healthy Family Program has now completed a three-year pilot phase, and has taken the opportunity to reflect on its achievements and challenges as it moves into the next phase of its development, that of on-going program delivery. An evaluation of the Healthy Family Program, by the Department of Health and Social Services Evaluation Specialist, was completed in 2006/2007. The evaluation validates the model of the program and the success of the program for participant families. The analysis shows that departmental resources have significantly impacted "overburdened" families who might have otherwise had their children in care. This finding is reinforced by evidence that investing in prevention programs can lead to positive outcomes for families. Recognizing that the current research on home visiting programs is limited in scope, the findings from this evaluation are promising enough to suggest that the expansion of home visiting in other areas of the Northwest Territories is warranted.

The Healthy Family Program has four main goals:

- to systemically reach out to all families, offering community supports based on the family's strengths and individual situations;
- to promote positive parent/child relationships;
- to promote healthy childhood growth and development; and
- to enhance family function by building trusting nurturing relationships, teaching problem solving skills and improving the family's support system.

Home visiting services are provided to those parents who voluntarily accept them. Voluntary acceptance of services allows parents to make decisions in their best interests. Families who participate willingly are more receptive than those who feel coerced into participating.

The Program is composed of three steps:

1. Screen – true/false checklist done with all parents of newborns by a health care professional.
2. Survey – offered to families with positive screens (decision of parent to continue with the survey is voluntary). The survey covers 10 topic areas. Must have or obtain a positive score to gain entry to program.
3. Home Visitation – weekly home visits are offered to families with a positive survey. Families enter at Level 1. Families pass through four levels. Visits can increase/decrease relating to the needs of the family. Levels determine frequency of visits.

The total number of screened births in these four communities during 2006/2007 was 378. As of March 31, 2007, there were 89 families actively involved in the Healthy Family Program.

Here is what one parent had to say about the Healthy Family Program:

- "You have an idea on what to do, as a parent, but then to have someone else's input /information, it kind of reaffirms your ideas and that makes you feel more confident as a parent."

FAMILY LITERACY

Family literacy is about families doing things together in their everyday lives to support literacy development: singing, laughing, telling and reading stories, talking and listening, for example. These activities help build early literacy skills and provide a healthy and strong foundation for learning for children ages birth to five, their families and communities.

Two GNWT strategy documents directly support the importance of early and family literacy: *the NWT Literacy Strategy* and the *Early Childhood Development (ECD) Framework for Action.*

In 2001, the GNWT forged, what has turned out to be, a significant partnership with the NWT Literacy Council. This collaboration has involved developing family literacy training and resources as well as providing support for community-based family literacy projects. Training workshops target community-based Early Childhood Practitioners and Literacy Coordinators by providing them with skills and knowledge to develop and deliver local family literacy programming. These training opportunities assist in building both family and community capacity.

In 2006/2007, 45 people from 19 communities participated in family literacy training workshops. Since 2001, over 400 people have been part of the first level of family literacy training, while around 100 have taken the second stage of training.

Family literacy providers have commented:

- "It excites me when parents phone me looking for new books for their children."
- "There is no library or pre-school in this community so our family literacy program is a way to make materials and time available to families."
- "It makes me feel great when all the hard work pays off."
- "I enjoyed the training the Literacy Council provided to me. Without that, my programs wouldn't be as successful as they are."
- "We did Inuinnaqtun songs and rhymes, drum dancing, traditional games and elders telling stories of long ago. Parents learned along with their children."

It is important for family literacy activities to use the languages of the family and community. Fostering the development of children who are fluent in more than one language builds self-confidence within a child and is key to maintaining and preserving the Aboriginal languages of the NWT. The NWT Literacy Council shares information with families in a variety of languages. This includes how to integrate culture and language into family literacy activities.

The NWT Literacy Council continues to expand the training and resources that have been developed over the years. In 2006/2007, the Council:

- developed four new family literacy How-to Kits, a child growth chart that included literacy development milestones, and a family literacy tip sheet;
- translated three family literacy TV public service announcements into Chipewyan, South Slavey and Inuinnaqtun;
- delivered a weeklong family literacy training institute to 45 participants;
- delivered training on specific family literacy programs in six communities; and
- provided funding and outreach support for 29 community family literacy programs – over 500 adults and 1,400 children attended these programs.

LANGUAGE NEST INITIATIVE

In 2002, the Department of Education, Culture and Employment began investing in Aboriginal language and culture by providing targeted funding to interested licensed early childhood programs creating language nests. Language nests provide an increased use of the local language and cultural learning opportunities for preschool age children, ranging from birth to six years. In addition, participation in the Language Nest program promotes the use of and desire to learn traditional languages amongst adults in the communities. Children who begin with a foundation of their own language and culture often are more confident throughout their lifetime. Teaching children their language increases the survival of the language as a living language throughout the community.

Since 2003, the number of language nests has grown to include at least one program in each of the eight official languages indigenous to the NWT. In 2006/2007, 20 licensed early childhood programs received language nest funding; of these programs, four were new sites. Licensed early childhood programs such as child care centres and preschools administer the program. NWT language nests continue to develop, retain and revitalize the many territorial Aboriginal languages: Chipewyan, Cree, Gwich'in, Inuinnaqtun, Inuvialuktun, North Slavey, South Slavey and Tlicho.

Key components to the development of local language nests include daily use of the Aboriginal language, and community support and parental involvement in the program. Programs that have seen an increase in the use of Aboriginal languages are committed to training staff to teach language and culture in an early childhood settings and encourage the regular involvement of elders. The language nest programs are expected to immerse children within an environment of the community's first language and support the children's learning of that language.

Language nests participated in a program evaluation in February 2006. Findings indicated that children's Aboriginal language acquisition has increased, and staff, parents and elders use their traditional language more frequently in the community. There has been an increase in interactions between young children and others within the community. Children who have participated in a language nest program enter the formal school system with a foundation in Aboriginal languages. In order to build on children's early experiences in local language nests, two schools offer Aboriginal language immersion kindergarten programs.

FETAL ALCOHOL SPECTRUM DISORDER

The GNWT is committed to wo. king with individuals, families and communities on the prevention of Fetal Alcohol Spectrum Disorder (FASD). Strong, healthy families lay the foundation for the healthy developrnent of our children.

FASD is a lifelong disability. Early diagnosis, supportive environments and a range of special supports and services assist individuals and their families in their journey for improving outcomes and maximizing the potential of their children.

The Department of Health and Social Services administers funding from the federal First Nations and Inuit Health Branch FASD program. In 2006/2007, there were six community-based FASD projects supported by this fund, including a number of different activities:

- workshops for youth focusing on causes, prevention and intervention strategies;
- group sessions to discuss FASD ano offer peer support programs for persons affected by FASD;
- asset mapping and community work plan development for FASD;
- support for children, birth to six years of age, living with FASD;
- provision of FASD education, family outreach and support services through the Living and Learning with FASD program;
- implementation of the Parent Empowerment project; and
- establishment of a FASD mentor program.

The Department of Health and Social Services also developed and distributed the T-ACE Questionnaire to primary health care providers across the NWT. T-ACE represents the behaviours of expecting women related to drinking: **t**olerance, **a**nnoyance, **c**ut down and **e**ye opener. This screen for alcohol use, adapted from The College of Physicians and Surgeons of Manitoba (2000), helps determine the amount of alcohol consumed and whether there is a need for referral to the local Health Centre.

SUPPORTING OUR CHILDREN AND THEIR FAMILIES

The Department of Health and Social Services is a member of the Canada Northwest FASD Partnership (CNFASDP). The CNFASDP is an alliance of the four western provinces and three territories. Since its inception in 1998, the goal of the Partnership has been to develop an interprovincial/territorial approach to the prevention of FASD, and the care and support of those affected by FASD. The GNWT was the lead jurisdiction of the Partnership for the 2006/2007 year. Main activities of the Partnership included:

- continuing the development of the Canada Northwest FASD Research Network;
- enhancing and reviewing current practices and procedures;
- a roundtable discussion between Partnership Ministers to develop policy and programs for all jurisdictions within the partnership; and
- the 2006 Canada Northwest Fetal Alcohol Spectrum Partnership Conference, held in the Yukon, focused on FASD prevention, diagnosis and supports for individuals with FASD.

The GNWT has committed to the development of a strategic approach that will address FASD in a comprehensive, community-based and collaborative way. The Department of Health and Social Services began development of this strategy in 2006/2007. Further consultation with government departments, community partners, Aboriginal groups, non-governmental organizations, families and parents is planned to finalize a strategy. This strategy will guide the planning, implementation and enhancement of programs and services designed to contribute to the optimal development of children and their families in the NWT.

ADDITIONAL SERVICES AND SUPPORTS AVAILABLE FOR ALL CHILDREN ACROSS THE NWT

TELE-CARE HEALTH LINE

Tele-Care Health Line is a free, confidential service available for all residents of the NWT. It is accessible 24 hours a day, seven days a week. A Registered Nurse is available to answer questions, while also helping residents of the NWT take responsibility for their own health by teaching self-care techniques.

During 2006/2007, the health line received 5,323 calls. New parents, with children birth to five years of age, made 27% of these calls. The majority of questions parents asked regarded breastfeeding, formula preparation and feeding, medications, immunizations and medication safety during pregnancy. When it came to illness, the three most common concerns parents had were vomiting, coughs and colds.

One mother gratefully commented, "I trust the nurses at Tele-Care NWT to advise me on the best plan for my children and to get us through the night. It is nice to know that I or my husband can talk to someone right away who can help us figure out what to do about a sore tummy or a fever."

DO I NEED TO SEE THE DOCTOR?

Do I Need to See the Doctor?, written by Dr. Brian Murat and Dr. Greg Stewart, is a guide for treating common minor ailments at home. This book is designed to help the reader develop the confidence and skills necessary to care for common illnesses at home. Parents trying to deal with a child suffering from a fever, earache or cold can find answers and learn proper techniques to care for their child at home.

This text was written for an audience of all ages, including sections specifically for children. Parents can determine whether professional health care is required or if they can provide care, in the comfort of their own home, by reading the clear and concise question/answer sections. Parents can access information regarding:

- possible symptoms;
- an outline of the course of the illness;
- home care suggestions; and
- treatment options.

Do I Need to See the Doctor? is available across the territories, free of charge, at all medical clinics, hospitals, and Health and Social Services Regional Authorities.

REPORTING ON OUR CHILDREN

INDICATORS OF YOUNG CHILDREN'S WELL-BEING IN THE NWT

In 2006/2007, the GNWT is able to report on two of the five common indicators of early development. These indicators are physical health and development, and safety and security.

The sample size for the *National Longitudinal Survey of Child and Youth* (NLSCY) in each territory is too small to produce reliable indicators selected for the comparable reporting. Consequently, the NWT is not able to report on the full set of indicators at this time. The Departments of Education, Culture and Employment and Health and Social Services are working together with the NWT Bureau of Statistics to address these reporting gaps.

The GNWT will endeavour to report on as many of the indicators as possible in subsequent reports.

INDICATORS OF PHYSICAL HEALTH IN THE NWT 2000 TO 2005

PHYSICAL HEALTH AND DEVELOPMENT

HEALTHY BIRTH WEIGHT

Healthy birth weight plays a key role in the development of a healthy child's developmental foundation. Low birth weight (<2500 g) is associated with risk for developmental delays and health problems. Babies born with high birth weight (>4000 g) are more likely to experience difficult births. Research indicates that First Nations and Inuit children have different growth patterns than standardized standards and are more likely to be heavier at birth (Manga, 1987). This information is important to consider in reviewing the birth weights of all newborns born in the NWT.

Birth Weights in the NWT* and Canada

	1999		2000		2001		2002		2003		2004	
INDICATOR	NWT	CAN	NWT	CAN	NWT	CAN	NWT	CAN	NWT	CAN	NWT	CAN
Incidence of Low Birth Weight[1]	5.6	5.6	4.8	5.6	4.5	5.6	4.7	5.7	5.5	5.8	5.8	5.9
Incidence of High Birth Weight[2]	18.1	13.4	19.5	13.6	19.8	13.5	19.7	13.2	19.1	12.8	19.8	12.6

Source: NWT Health and Social Services, NWT Bureau of Statistics, Statistics Canada
Notes: Numbers subject to future revisions.
*Three year averages are used to reduce variability. They are represented by the mid-point (1999 = 1998 to 2000).

[1] Proportion of live births weighing less than 2,500 grams to the total number of live births
[2] Proportion of live births weighing over 4,000 grams to the total number of live births

PRE-TERM BIRTHS

The average term of a pregnancy is approximately 37 to 39 weeks. Infants born with a gestational period of less than 37 weeks are considered pre-term or premature births. Premature newborns are at a greater risk for growth and developmental delays. At birth, premature infants may experience difficulties with breathing, feeding and staying warm.

Pre-term Births in the NWT* and Canada

	1999		2000		2001		2002		2003		2004	
INDICATOR	NWT	CAN	NWT	CAN	NWT	CAN	NWT	CAN	NWT	CAN	NWT	CAN
Pre-term Births (<37 Weeks)	8.2	7.3	8.1	7.5	7.6	7.3	8.2	7.5	8.5	7.7	8.8	7.9

Source: NWT Health and Social Services, NWT Bureau of Statistics, Statistics Canada
Notes: Numbers subject to future revisions.
*Three year averages are used to reduce variability. They are represented by the mid-point (1999 = 1998 to 2000).

BREASTFEEDING

Studies clearly indicate that there are many benefits of breastfeeding for both the newborn and mother. Breastfeeding provides infants with optimum nutrition, it protects against infectious diseases and it promotes maternal/infant attachment.

Experts recommend that infants are breastfed for the first six months, however, for up to two years or more is optimal for the health of the baby (Canadian Institute of Child Health, 2000).

Women Who Gave Birth in the Last Five Years by Prevalence of Breastfeeding NWT and Canada, 2001 to 2005

	WOMEN WHO GAVE BIRTH IN LAST 5 YEARS		WOMEN WHO BREASTFED OR TRIED TO BREASTFEED		WOMEN WHO BREASTFED FOR MORE THAN 4 WEEKS	
CANADA	**(#)**	**(%)**	**(#)**	**(%)**	**(#)**	**(%)**
2001	1,527,887	100.0	1,211,126	79.3	817,200	53.5
2003	1,419,268	100.0	1,200,307	84.6	795,597	56.1
2005	1,459,226	100.0	1,266,757	86.8	834,691	57.2
NWT	**(#)**	**(%)**	**(#)**	**(%)**	**(#)**	**(%)**
2001	3,353	100.0	2,477	73.9	1,229	36.7
2003	2,690	100.0	1,983	73.7	1,504	55.9
2005	2,766	100.0	2,590	93.6	1,255	45.4

Source: Canadian Community Health Survey
Prepared by: NWT Bureau of Statistics

IMMUNIZATION (OCCURRENCE OF THREE VACCINE PREVENTABLE DISEASES)

Immunization is an effective way to give children protection against a number of potentially serious diseases. Immunization during childhood helps the immune system to build up resistance to disease. The NWT immunization programs include vaccines to prevent the following diseases: diphtheria, tetanus (lockjaw), pertussis (whooping cough), polio, rubella (German measles), measles (red measles), mumps, hepatitis B, varicella (chicken pox), meningitis and Haemophilus influenza type b (Hib) disease. The NLSYC reports on the incidence of measles, Hib and meningococcal Group C Disease.

Occurrence of Three Vaccine Preventable Diseases in NWT and Canada 2000 to 2004

	2000				2001				2002				2003				2004			
INDICATOR	**NWT**		**CAN**		**NWT**		**CAN**		**NWT**		**CAN**		**NWT**		**CAN**		**NWT**		**CAN**	
Disease[1]	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
Measles	0	0	80	3.7	0	0	7	0.3	0	0	7	0.3	0	0	6	0.3	0	0	6	0.4
Meningoccal Group C	0	0	15	0.7	0	0	27	1.3	0	0	27	1.3	0	0	5	0.2	1	24.9	35	2.0
Hib	0	0	7	0.4	0	0	16	0.9	0	0	16	0.9	0	0	9	0.5	0	0	8	0.5

Source: Immunization and Respiratory Infection Division, Centre for Infectious Disease Prevention and Control, PPHB Health Canada

[1] Rate per 100,000 people
Canada 2004 figures are for children birth to four years of age.

INDICATORS OF SAFETY AND SECURITY IN THE NWT 2000 TO 2005[3]

INFANT MORTALITY

The infant mortality rate is a recognized measure in the determination of the status of child and maternal health.

Infant Mortality in the NWT* and Canada
(per 1,000 live births)

	1999		2000		2001		2002		2003	
INDICATOR	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**
Infant Mortality Rate	13.4	5.3	9.2	5.4	8.3	5.2	7.2	5.3	5.6	5.3

Source: NWT Health and Social Services, NWT Bureau of Statistics, Statistics Canada
Notes: Numbers subject to future revisions.
*Three year averages are used to reduce variability. They are represented by the mid-point (1999 = 1998 to 2000).

INFANT INJURY AND HOSPITALIZATION

Injury mortality and injury hospitalization rates are public health measures of reported hospitalization or death due to injury.

Injury Mortality Rates in the NWT* and Canada
(per 100,000 population aged 0 to 5)

	1999		2000		2001		2002		2003	
INDICATOR	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**
Infant Mortality Rate	55.9	9.3	38.0	7.9	29.5	N/A	10.2	N/A	5.6	N/A

Source: NWT Health and Social Services, NWT Bureau of Statistics, Statistics Canada
Notes: Numbers subject to future revisions.
*Three year averages are used to reduce variability. They are represented by the mid-point (1999 = 1998 to 2000).
*Due to the small number of events, these rates should be interpreted with extreme caution.
NA = Not Available

Rate of Hospitalizations for Injuries and Poisonings in the NWT* and Canada 2000/2001 to 2005/2006
(per 100,000 population aged 0 to 5)

	2000/01		2001/02		2002/03		2003/04		2004/05	
INDICATOR	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**	**NWT**	**CAN**
Injuries and Poisonings	582.7	N/A	509.3	N/A	486.3	N/A	408.4	N/A	467.7	N/A

Sources: Canadian Institute for Health Information, *Discharge Abstract Database*, NWT Department of Health and Social Services; and NWT Bureau of Statistics

Notes: Numbers are subject to future revisions.

* Three year averages are represented by the mid-point (2000/2001 = 1999/2000 to 2001/2002)
* Due to the small number of annual events, the data was aggregated into three-year periods in order to provide more stable estimates of the rates.

Numbers include hospitalizations by multiple diagnoses.

Patients may have been hospitalized more than once for the same injury or poisoning.

NA = Not Available

FAMILY

Research from the Canadian Institute of Child Health suggests that two-parent families are less vulnerable to financial hardship than lone-parent families, and may have more resources for dealing with the challenges of raising children. The vast majority of lone parents are mothers.

Total Children at Home by Age and Family Structure in the NWT and Canada, 2001

	CHILDREN AT HOME	TOTAL COUPLES	MARRIED COUPLES	COMMON-LAW COUPLES	TOTAL LONE-PARENTS	FEMALE PARENT	MALE PARENT
NWT							
Total Children at Home	14,445	10,995	7,850	3,145	3,455	2,675	780
Children under 15 years	9,940	7,755	5,135	2,610	2,185	1,735	455
Children 0 to 4 years	2,965	2,385	1,395	990	580	460	115
CANADA							
Total Children at Home	9,582,615	7,579,255	6,666,195	913,060	2,003,360	1,650,250	353,110
Children under 15 years	5,678,320	4,649,300	3,916,390	732,910	1,029,020	872,945	156,070
Children 0 to 4 years	1,685,885	1,429,585	1,138,295	291,290	256,295	225,215	31,085

Source: 2006 Census
Prepared by: NWT Bureau of Statistics

Total Children at Home by Age and Family Structure in the NWT and Canada, 2006

	CHILDREN AT HOME	TOTAL COUPLES	MARRIED COUPLES	COMMON-LAW COUPLES	TOTAL LONE-PARENTS	FEMALE PARENT	MALE PARENT
NWT							
Total Children at Home	15,160	11,365	7,735	3,625	3,800	2,845	955
Children under 15 years	9,670	7,410	4,665	2,740	2,260	1,770	490
Children 0 to 4 years	3,170	2,455	1,385	1,070	715	565	145
CANADA							
Total Children at Home	9,733,770	7,586,250	6,517,595	1,068,650	2,147,520	1,746,470	401,045
Children under 15 years	5,514,550	4,485,330	3,670,265	815,065	1,029,220	859,915	169,300
Children 0 to 4 years	1,674,010	1,429,275	1,105,470	323,810	244,735	212,010	32,720

Source: 2006 Census
Prepared by: NWT Bureau of Statistics

INVESTMENT AREAS

AN OVERVIEW OF 2006/2007 TERRITORIAL AND FEDERAL EARLY CHILDHOOD INVESTMENTS

Early Childhood programs and services are developed, delivered and funded through a variety of means and partners. *The NWT Early Childhood Development Framework for Action* outlines four key areas for investments. Funding provided by the Canadian and NWT governments is invested in one or more of these areas.

The key areas are:

- Health and Wellness Awareness and Risk Prevention
- Parenting and Family Support
- Child Development – Care and Learning
- Community Supports and Community Building

Federal contributions include funding provided through the:

- Early Childhood Development Agreement, 2000
- Multilateral Agreement on Early Learning and Child Care, 2003
- Public Health Agency of Canada – Canada Prenatal Nutrition Program
- First Nations and Inuit Health Branch – Brighter Futures, Canada Prenatal Nutrition Program and FASD Programs

Government of the NWT contributions include funding provided through the:

- Early Childhood Program
- Healthy Children Initiative
- Income Security Program
- Core Health Services
  - Breastfeeding Support
  - Developmental Screenings
- Language Nest Initiative

KEY AREA	INVESTMENT	ACCESSIBILITY	AFFORDABILITY
HEALTH AND WELLNESS AWARENESS AND RISK PREVENTION			
Healthy Family Kits	8,652	Universal to all women who gave birth in 2005/2006	Territorial funding
Universal Newborn Hearing Screening	Core health service	Universal	Territorial funding
Nippising	Core health service	Universal	Territorial funding
Prenatal	848,883		Federal funding
FASD	485,074		Federal funding
PARENTING AND FAMILY SUPPORT			
Healthy Family Program	725,000	Targeted for at-risk families, three program locations	Territorial and federal funding
Child Care User Subsidy – Income Support	200,000	Support for low income families	Territorial funding
CHILD DEVELOPMENT – CARE AND LEARNING			
Early Childhood Program	2.5 M	Regulated non-profit early learning and child care programs and Aurora College	Territorial and federal funding
Healthy Children Initiative	1.5 M	Community-based early learning and child care programs and Aurora College	Territorial funding
Language Nest Initiative	740,000	Regulated non-profit early learning and child care programs	Territorial funding
COMMUNITY SUPPORTS AND COMMUNITY BUILDING			
Family Literacy	251,000	Community-based organizations	Federal funding

APPENDIX I

THE EARLY CHILDHOOD DEVELOPMENT AGREEMENT COMMON INDICATORS OF YOUNG CHILDREN'S WELL-BEING

CHILD-RELATED INDICATORS

A. PHYSICAL HEALTH

Within the area of "Physical Health", the following indicators have been identified:

- Healthy Birthweight (comprised of (i) Low Birthweight and (ii) High Birthweight) (data available for the NWT)
- Immunization (comprised of (i) Invasive Meningococcal Disease, (ii) Measles and (iii) Haemophilus Influenza B (hib) in children) (data available for the NWT)
- Infant Mortality Rate (data available for the NWT)
- Pre-term birth rate
- Breastfeeding (comprised of (i) Prevalence of Breastfeeding and (ii) Duration of Breastfeeding)

B. EARLY DEVELOPMENT

Within the area of "Early Development", the following indicators have been identified:

- Physical Health and Motor Development
- Emotional Health (comprised of (i) Emotional Problem/Anxiety and (ii) Hyperactivity)
- Social Knowledge and Competence (comprised of (i) Physical Aggression/ Conduct Problems and (ii) Ages and Stages – personal social score)
- Language Skills

C. SAFETY AND SECURITY

Within the area of "Safety and Security", the following indicators have been identified:

- Injury Mortality Rate (data available for the NWT)
- Injury Hospitalization Rate (data available for the NWT)

FAMILY-RELATED INDICATORS

Within the area of "Family-related Indicators", the following indicators have been identified:

- Parental Education (comprised of (i) Mother's Highest Level of Education and (ii) Father's Highest Level of Education)
- Level of Income (comprised of (i) Pre-tax LICO and (ii) Post-tax LICO)
- Parental Health – Parental Depression
- Parental Health – Tobacco Use During Pregnancy
- Family Functioning
- Positive Parenting
- Reading by Adult

COMMUNITY-RELATED INDICATORS

Within the area of "Community-related Indicators", federal/provincial/territorial governments have identified one indicator, comprised of (i) Neighbourhood Cohesion and (ii) Neighbourhood Safety and (iii) Neighbourhood Satisfaction that they *may* choose to report.

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